

Conceptions of children and adolescents with physical disabilities about their participation in a sports programme

- **Lars Kristén** Halmstad University and Luleå University of Technology, Sweden
- **Göran Patriksson** Göteborg University, Sweden
and
- **Bengt Fridlund** Halmstad University, Sweden

Abstract

Sport and leisure can be of significant importance for the well-being and social support of children and adolescents with physical disabilities. However, it has been established that organized sport sometimes has a social construction, in that those without disabilities are favoured at the expense of others. The aim of this study was, therefore, to describe conceptions of children and adolescents with physical disabilities about their participation in a sports programme. Using questions based on a holistic view of the human being, 20 children and adolescents were interviewed. The method of analysis used was inspired by phenomenography. Six categories emerged: getting new friends, learning, strengthening one's physique, becoming someone, experiencing nature and having a good time. The findings show the great diversity of sports participation. Further, the conceptions mirror the difficulty of dividing people into groups and of delimiting important areas. The findings highlight the importance of programmes where actors from different sections of society cooperate. Even if the findings cannot be generalized, they nevertheless demonstrate that physical activity involves many positive factors both at the individual and at the society level.

Key-words: children • phenomenography • physical disabilities • social support • sport

Introduction

Sport and leisure can be of significant importance for the well-being and social support of children and adolescents with intellectual and functional disabilities (Schüle, 1996) and can be seen as one of many arenas available for social integration. At the same time, it can be established that organized sport sometimes has a social

construction in that some children and adolescents, for example, boys of middle-class background or higher without disabilities are favoured at the expense of others (DePauw, 1997; Nixon, 1988). Children and adolescents with disabilities seldom participate in organized sport or physical activities (Longmuir and Oded, 2000; Arhammar-Tjernström, 2000; Berg, 1995), even if there are good examples of integrated sport programmes (Fenning et al., 2000; Ninot et al., 2000). Their participation in these activities is dependent on a number of factors, including the accessibility of the facility, the attitudes of the service providers and the availability of training, teaching and coaching expertise. Their choice of activity is often very restricted and is made for reasons other than personal preference. Often the sport experiences of children with disabilities are limited due to a lack of requisite skills, overprotection by adults, social isolation, time required for treatment/care, dependence on transportation and accessibility or lack of available programmes and trained leaders (Burton and Davis, 1992; Taub and Greer, 2000). Research shows the contributions of sport and physical activity programmes for children and adolescents with disabilities (Herbert and Bressan, 1995) and personal investment in sport careers often begins in childhood (Wheeler et al., 1999). Even if a growing number of children and adolescents with disabilities participate in such programmes, integrated or disability-specific, there is a difference in possibilities between those who have a disability and those who have not (Sherrill and Williams, 1996; Söder, 1995).

A review of the literature showed that the researchers' objective role and assessments within the area are well documented but that few studies are available that focus on the subjective views of sport of children and adolescents with physical disabilities. The aim of this study was, therefore, to describe conceptions of children and adolescents with physical disabilities about their participation in a sports programme.

Literature review

Several studies have demonstrated that well-being, social support and the chances of integration in society increase when children and adolescents with physical and intellectual disabilities are regarded as a natural part of the population, having the unquestioned possibility as well as the unhindered opportunity to pursue sport, leisure and recreational activities (Coppenolle et al., 1996; Morisbak and Jørgensen, 1995; Östnäs, 1997). Well-being, poor health and death rate are clearly related to the degree of physical activity. At the same time, all larger surveys of different epidemiological studies point to the connections between physical activity and health or physical performance and health, with the conclusion that the lack of physical activity constitutes a common risk factor for increased poor health and early death (Bouchard et al., 1993).

Over the years, the conditions of persons with disabilities have improved in terms of their financial circumstances, means of assistance and transport, among other things. The Swedish support system offers services of a specific professional character as well as of a relief and allowance character for children and adolescents with disabilities

(Janson, 1995). These improvements have mainly been material in character in order to be able to satisfy a range of fundamental needs and rights. The efforts have gradually been shifted towards other, higher states, such as life situation, well-being and social support (Blum, 1998; Norling, 1991; Norling et al., 1993). Leading an active life and pursuing a lifestyle that includes regular physical activity has become increasingly important for the experience of well-being (Shifflett et al., 1994). The life situation of children and adolescents with disabilities encompasses interaction with their surroundings, which includes the family, school, leisure, society and the health professionals they encounter. A precondition for normalization of children and adolescents with disabilities is extended socialization (Söder, 1995), an important part of which is independence in physical activity and sport. It is vital to stimulate children with a functional impairment to take part in club activities, since older, healthy children are often less accepting, less tolerant and display negative attitudes towards persons with functional disabilities (Maddy, 1988).

In school, a child with disability sometimes receives inadequate education about sport and leisure activities in adult life, and the school seldom initiates contacts with clubs and associations (Norling et al., 1993). The sports clubs and their leaders have an important role to play to enable children and adolescents with disabilities to be integrated in the activities. Kozub and Poretta (1997, 1998) showed that sports leaders often have a positive attitude to such integration. However, the leaders' experience has been that their education is inadequate when it comes to dealing with these children and that they have difficulties in perceiving the individual needs of children and adolescents with disabilities. Studies (Brown and Gordon, 1987; Howard, 1996) report that children and adolescents with functional impairments participate in physical activities such as games to a lesser degree than do their peers without such impairments. Fewer experiences of physical exercise, in combination with more contact with adults and less variation of the life situation, can lead to decreased well-being, less social involvement and social support (Green and DeCoux, 1994).

Central concepts and theoretical frame of reference

It is possible to use physical activity as an overall concept of human motion. This includes physical exercise during work and leisure as well as physical training like sport, play, gymnastics, exercise and leisure (National Institute of Public Health, 1997). Physical activities such as sports will contribute to the positive physical, psychological, social and cultural development of the human being (US Department of Health, 1996). Issues dealing with democracy, upbringing, equality, fair play, respect for others and non-profit interests are an important part of the sphere of activities in sport and need to be continuously discussed in sports clubs and sports federations in Sweden (Swedish Sports Confederation, 1995).

In a review of the literature dealing with the role of social support and well-being (Kristén et al., 2000), the concept of adapted physical activity occurs. The concept

has a wider meaning compared to sport and leisure, encompassing both a holistic and a lifelong perspective. Adapted physical activity is an umbrella term for services that promote an active, healthy lifestyle by taking into account developmental or psychomotor problems that interfere with goal achievement and self-actualization (Sherrill, 1990). Adapted physical activity refers to physical activity in sport and physical education both in disability-specific and integrated mainstream settings as well as inclusive settings. The purpose of adapted physical activity is the same as that of physical activities generally: to change psychomotor behaviours, thereby facilitating self-actualization for the human being (Sherrill, 1998).

Taking the view that a human being consists of different parts which can be studied separately (Sarvimäki and Stenbock-Hult, 1993) risks that the wholeness and the individual aspects of the life situation will be disregarded. This, in turn, can lead to the neglect of the children's and adolescents' own resources. It is, therefore, important to apply a holistic perspective focusing on the relationship between body and soul (Keegan and Keegan, 1992; Sherrill, 1998). Descriptions of holistic models can be found in the literature, where the human being is regarded as a whole, not merely from the perspective of disease, injury or handicap. This study uses Sherrill's (1998) holistic taxonomy with reference to the goals of adapted physical activity, which builds on a view of the human being that includes both the whole and its parts. The taxonomy is divided into nine goal areas according to three domains: affective domain goals comprising the positive self-concept, social competency, fun/tension release; psychomotor domain goals comprising the motor skills and patterns, physical fitness, leisure-time skills; and cognitive domain goals comprising the play and game behaviours, perceptual-motor function and sensory integration, creative expression. Although these dimensions can be perceived as separate, it may be difficult to make a clear distinction between them in an analysis. From the perspective of social and behavioural sciences, it is important that the individual's conception of sport, social support and well-being is taken into account (Fridlund et al., 1994; Stockfelt, 1985).

The study

Design and method description

A descriptive, qualitative design with an approach inspired by phenomenography was chosen to promote a comprehensive and broad view for the study. Phenomenographic research was developed by Marton at Göteborg University (Marton, 1981). The research is methodologically inductive, which means that a principle or general law is adhered to and that conclusions are drawn based on individual cases (Kroksmark, 1987; Patel and Tebelius, 1987). According to Marton and Booth (1997: 111), 'Phenomenography is not a method in itself, although there are methodological elements associated with it, nor is it a theory of experience, although there are theoretical elements to be derived from it'. Phenomenography builds on an interest in describing how people conceive phenomena in or aspects of their surroundings, using

two different levels of description: the first-order and the second-order perspective (Alexandersson, 1994). The first-order perspective is concerned with facts and what can be observed from the outside. The second-order or inside perspective focuses on people's experiences of something and how that something appears to them. It is a question of what is being studied, not whether it is true or false (Larsson, 1986). Marton (1981) argues that phenomenography describes experiences from the second-order perspective. Moreover, Larsson (1986) emphasizes that the conception is central in phenomenography, claiming that conceptions are the unreflected foundation, created by experiences, from which our views emanate. The conceptions can then be used to analyse how people conceive different situations. Phenomenography is not concerned with the origin or the consequential actions of the conceptions described. Instead, they are regarded as possible relations between, in this case, children and adolescents with functional impairments and their surrounding world (Marton and Svensson, 1978). Phenomenography is rather a way of identifying, formulating and managing specific research questions, a specialization which, at the same time, is highly useful when it comes to issues related to the understanding of learning in different educational environments (Marton, 1993; Marton and Booth, 1997). Doverborg and Pramling (1995), who have studied children, emphasize the importance of creating description categories of children's answers. The categories are created by the analysis built on the children's answers related to the meaning content investigated. Another research specialization is phenomenology and it also has the study of experience as its object. However, the two research specializations differ in the way they go about the enterprise. An important dividing line in phenomenology is drawn between the prereflective experience and conceptual thought. In phenomenography this distinction is not made, leading to the structure and meaning of a phenomenon as experienced being found both in prereflective experience and conceptual thought (Marton and Booth, 1997). Although phenomenography and phenomenology have commonalities, a main difference in this context is that phenomenography is substance oriented, that is, searching for the underlying structure variance as the essence, whereas phenomenology is basically methodological and/or philosophical, that is, searching for lowest common denominator as the essence (Marton, 1993).

The interventional sports programme

The aim of the programme was to use sports, such as orienteering, golf and archery, as a means of stimulating and facilitating participation of children and adolescents in sports club activities in their community.

The sports programme covered three years and was run in two municipalities in Halland in south-western Sweden. The programme was instigated by Halmstad University in cooperation with the County Council's rehabilitation care centre in Halland and local sports clubs and sports clubs for disabled people. During the course of the project, cooperation between the Sports Federation for Disabled in Halland, physically disabled children and adolescents in Halland and the municipality's

handicap care centre was developed. In all, seven sports clubs for persons with disabilities and sports clubs for healthy people in southern Sweden took part in the programme. In the sports clubs for healthy people the sports programme was integrated with the regular sports activity and in the sports clubs for persons with disabilities the sports programme supported the regular sports activity. Cooperation between the two types of sports clubs was supported to strengthen participation, integration and the feeling of well-being. The sports programme received financial support from the Ministry of Health and Social Affairs, the Swedish State Inheritance Fund and the Committee for Social and Preventive Medicine of Halland County Council.

Children and adolescents in the 9–15 age group with functional impairments were sent a letter informing them about the programme and asking them if they were interested in participating. Some 60 letters were distributed to the members of the target group prior to each new 12-month period and, each year, on average 10–15 children and adolescents said that they wished to take part. During the three-year period, a total of 50 children and adolescents with physical disabilities took part in the sporting activities. Participation was on a voluntary basis. The participants could choose to take part in orienteering, golf and archery over a period of three years. Each sport activity lasted one year, with training during both winter and summer. The children and adolescents took part in one sport activity at a time. The study groups always consisted of new participants in the intervention.

The training usually took place in the evenings, with one training session per week lasting 1–2 hours, i.e. more than 16 training sessions over a six-month period. Several of the clubs involved appointed a coach to be responsible for the training. The coach had no special training in sport for persons with disabilities, but a genuine interest in disability issues. In all, some 20 coaches participated during the three-year period. The clubs independently decided the design of the training, and most of them chose to divide the training into a theoretical and a practical part. Within the intervention, a model was designed to complement traditional habilitation interventions for disabled children and to find forms for cooperation between habilitation, sport for healthy people and sport for persons with disabilities (Kristén et al., 1999).

Informants

Recruitment of children and adolescents with physical disabilities began with a letter informing them about the programme and asking them if they were interested in participating. The informants were connected to child habilitation in the county of Halland in south-western Sweden. The children and adolescents were strategically selected (Fridlund and Hildingh, 2000) with regard to age, sex, sport and functional impairment in order to get as great a variation as possible, i.e. a heterogeneous sample of informants (Trost, 1997). The informants were 20 children and adolescents with functional impairments, aged 9 to 15 years, seven girls and 13 boys. The impairments included cerebral palsy (CP) ($n=6$), spina bifida ($n=1$), muscular disease ($n=1$),

deficiency in attention, motor control and perception (DAMP) ($n=6$), rheumatoid arthritis (RA) ($n=2$), heart disease ($n=1$) and delayed development ($n=3$). The person with medical responsibility at the county hospital gave his permission for the study.

Interviews

In phenomenographic studies, data are usually collected by means of interviews. The interviews are semi-structured to open (Larsson, 1986). In this study, the interview guide consisted of opening questions, which could then be used to turn the conversation to a number of limited phenomena and to an introductory question on the three goal areas: affective domain, psychomotor domain and cognitive domain (Sherrill, 1998). Using the interview guide, the main researcher conducted a conversation with the children and adolescents, which deepened his understanding of their conceptions of sports participation in orienteering, golf and archery. The following questions were asked. How do you feel about the training in orienteering, golf or archery? What has happened? What are your thoughts about orienteering, golf or archery as a sport? How do you think that orienteering, golf or archery has affected you? How has orienteering, golf or archery changed your life? The interviews were carried out over a period of three years, in the following order: orienteering, year 1, golf, year 2, and archery, year 3, in connection with the completion of the sporting activities. The interviews usually took place in the informant's home and were conducted with each child on an individual basis.

Data analysis

The intention behind the phenomenographic data analysis is to identify the meaning content of conceptions and to formulate description categories. This is primarily achieved by analysis of interview texts. In the phenomenographic study, there are no predetermined categories (Alexandersson, 1994; Larsson, 1986). In the present study, each interview was first transcribed verbatim and then read through several times in order to get a sense of the whole. After this, the interview material was analysed for the purpose of finding relevant statements that contained conceptions of sports participation in orienteering, golf or archery. In all, 198 statements were analysed. The analysis was focused on comparing the statements to find similarities and differences. These similarities and differences were then grouped into patterns in order to get an overview of how they were interconnected. After this, the patterns were critically examined to detect dimensions in the answers that required new formulations and categories to describe conceptions. At the same time, the statements were not completely one-dimensional but contained overlapping information to a certain extent. The predominant conception in the statement provided the basis for classification. By comparison of the whole and the parts of the interviews, a pattern emerged, resulting in six description categories. In addition, the six categories consisted of further dimensions, which oscillated between the two parts of the so-called

span. Co-assessor in the categorization process was one of the supervisors, who had knowledge of both the method used and the relevant facts.

Findings

The description categories that emerged were formulated so as to characterize the meaning content, i.e. the conceptions, and were illustrated by quotations. In order to clarify to which interviews the conceptions belong, an interview number is given after each category and span (see Table 1).

Getting new friends (interviews 1–3, 6–7, 12, 19)

This category describes the conception that the children and adolescents see possibilities of gaining new friends. The conception oscillates between getting to know new friends from an emotional and social aspect and being able to pursue sport together from a physical aspect.

I get to know new friends and . . . meeting friends . . . having fun together . . .
I'd like to go on doing that. (interview 7)

. . . it's great fun both to meet friends and to play . . . many friends . . . it's fun
to play . . . I'd like to go around the course some more time. (interview 6)

Learning (interviews 2–4, 8–9, 12, 20)

This category describes the children's and adolescents' conception of learning as well as different aspects thereof. The conception oscillates between achieving concrete knowledge and gaining experience-based knowledge.

One gets better and better at it the more one shoots . . . it's a bit of target shooting, different animals on the target, so it's a bit of a change . . . you do it in your own stride . . . you don't hit 10 all the time, sometimes you achieve better, sometimes worse. (interview 4)

. . . you get a completely different view of friendship and learn a lot about the mentality as such and the strength of, yes, the ability to pay attention . . . you learn discipline, concentration and things like that . . . I can develop myself the way I want to and I don't know how far I can get . . . be a role model to others, instruct others. (interview 3)

Strengthening one's physique (interviews 2, 5, 10–12, 16–18)

This category describes the children's and adolescents' conception of exercising. The conception oscillates between achieving a physical improvement in the functional impairment and achieving a physical improvement in health.

Table 1 Conceptions of children and adolescents with physical disabilities of their participation in a sports programme with regard to categories and span

Category	Span
Getting new friends	Getting to know new friends from emotional and social aspects, being able to pursue sports together from a physical aspect
Learning	Gaining concrete knowledge, gaining experience-based knowledge
Strengthening one's physique	Achieving a physical improvement of the functional impairment, achieving a physical improvement in health
Becoming someone	Gaining increased self-confidence, being accepted in the group
Experiencing nature	Gaining an inner satisfaction with different impressions, gaining an outer satisfaction through being able to move freely in woods and fields
Having a good time	Feeling joy in understanding and assimilating the formal rules and regulations, feeling joy in understanding and assimilating the informal rules and regulations

My hand has become more flexible . . . I don't know but I hope, my hand . . . you use your hands more, I mean, you swing too and gain strength . . . a bit jittery, so the hands, you're using them all the time, waving them.

(interview 10)

I already feel fitter and happier . . . I've got used to it, so I'm not so jittery as I was the first times. It's just fun . . . it can make me quite fit . . . I feel fairly fit and such, not nervous.

(interview 17)

Becoming someone (interviews 1–5, 9–12, 15–19)

This category describes the children's and adolescents' conception of themselves and their ability to assert themselves. The conception oscillates between gaining increased self-confidence and being accepted in the group.

I feel a bit more mature than three years ago. I've become a bit more self-confident, how I want my life to be and, yes, more self-confident . . . it's nice, you can relax sort of . . . as I'm becoming more self-confident in doing different things. Not being afraid of expressing myself and, well, showing what I can do.

(interview 3)

Yes, it's the best sport imaginable also for those who are healthy and disabled. As I've mentioned, there's an archer whom I haven't met myself but who has no arms or legs but who can still manage a bow by means of a support and a supportive frame as well as his own body.

(interview 3)

Experiencing nature (interviews 1, 11, 13–20)

This category describes the children's and adolescents' conception of spending time in the countryside. The conception oscillates between gaining an inner satisfaction with different impressions and gaining an outer satisfaction through being able to move freely in woods and fields.

It feels great to feel the smell of the woods and it's fun too . . . going to the woods somewhere, it's good to find your way . . . I think it's exciting and it can be worrying sometimes, that I could go wrong. (interview 13)

It's a great sport, one gets to be out in the countryside. Sometimes you see animals . . . I like running the most . . . we're out running. (interview 19)

Having a good time (interviews 1–20)

This category describes the children's and adolescents' conception of feeling joy and experiencing success. The conception oscillates between feeling joy in understanding and assimilating the formal rules and regulations and feeling joy in understanding and assimilating the informal rules and regulations.

It's fun that one gets different scores, one gets three goes at a maximum, I try to shoot the best I can . . . you get to know what requirements there are in each sport and such and you can choose which you want . . . that you should not shoot when somebody else is up there collecting the arrows. (interview 1)

It's the sport as such, shooting and so on that is great fun. When you've learnt how to do it it's great fun . . . when there's something you like to do, then you want to buy all the bits and pieces that go with it, armour and arrows too, so that you can shoot at home. (interview 5)

Discussion

Methodological considerations

Fridlund and Hildingh (2000) argue that the identity, concordance, security and accuracy of the investigation should be ensured. When it comes to qualitative studies, this implies that the applicability, reasonableness, trustworthiness and conscientiousness of the investigation are scrutinized. In the phenomenographic approach, applicability is considered to be satisfactory when the aim has been attained and categories arrived at that describe different conceptions (Marton and Booth, 1997). A limitation of qualitative studies is that the populations used for the data collection are small. Thus, it is not possible to generalize the findings in this study, as the answers only represent a small group of children and adolescents. Nevertheless, their conceptions are important as well as specific to that very group of children and adolescents with

physical disabilities. A certain number of interviews are required in order for different conceptions to emerge. Considering the choice of method, 20 interviews can be regarded as a normal number in the qualitative method tradition. If more children and adolescents had been interviewed, it is possible that the span of the categories would have appeared more clearly. However, with a larger data material, the analysis may become superficial and trust in the aim of the study compromised (Larsson, 1986). In qualitative studies, the interest is in discovering patterns of conceptions – whether or not the informants are representative in a statistical sense is of less interest (Trost, 1997).

The trustworthiness of the analytical work is built on the security of the data collection and the interpretation of the data by the co-assessors. At the same time, a strength may be that one and the same person has conducted the interviews and that they are carried out under similar conditions. Kvale (1997) states that validity or reasonableness is tested in seven stages corresponding to the seven steps of the interview process. The main researcher transcribed the interviews in order to minimize the risk of misinterpretation of facts in the interview material. An interview guide with semi-structured questions was used, which were formulated so as not to be leading. Kvale (1997) also claims that regarding the qualitative interview as static and placing too much emphasis on reliability and validity tests may have a limiting effect. It is important to counteract arbitrary subjectivity; however, overemphasizing reliability and validity may obstruct creativity and variability. Conscientiousness is ensured through the design of the investigation and through the use of co-assessors in the analysis of the interview texts.

Interventional considerations

The findings show that all nine goal areas in Sherrill's holistic model (1998) are represented in the children's and adolescents' conceptions (see Table 2).

At the same time, the findings show that their conceptions include a diversity of advantages to sports participation, namely getting new friends, learning, strengthening one's physique, becoming someone, experiencing nature and having a good time. Further, the conceptions mirror the difficulty of dividing people into groups and of delimiting important areas (Sarvimäki and Stenbock-Hult, 1993). In addition, the findings may convey the impression that the differences in conceptions of sport between children with functional impairments and those without are not very large and that the conceptions could equally well be valid for the latter group. Morisbak and Jörgensen (1995) as well as Copenolle et al. (1996) have found that both well-being and the possibilities of integration increase when access to physical activity is equal, in this case between children and adolescents with functional disabilities and without functional disabilities. This is supported by Sherrill's (1998) nine goal areas presented in the actual study, primarily through the categories of strengthening one's physique and getting new friends. For the former, the conceptions oscillate between achieving a physical improvement in the functional impairment and achieving a

Table 2 Conceptions of children and adolescents with physical disabilities of their participation in a sports programme, with regard to Sherrill's holistic taxonomy (1998)

Category	Goal area
Getting new friends	Social competency, physical fitness, play and game behaviours
Learning	Motor skills and patterns, leisure-time skills, play and game behaviours
Strengthening one's physique	Positive self-concept, physical fitness, perceptual-motor function and sensory integration
Becoming someone	Positive self-concept, social competency, fun/tension release, motor skills and patterns, creative expression
Experiencing nature	Positive self-concept, physical fitness, leisure-time skills, perceptual-motor function and sensory integration
Having a good time	Social competency, fun/tension release, motor skills and patterns, play and game behaviours

physical improvement in health. Physical activity seems to play an important role for the perception of the body. The functional impairment as such often means a restriction in the use of the body, which is also supported by the conceptions. The category of getting new friends oscillates between getting to know new friends from emotional and social aspects and being able to pursue sport together from a physical aspect. Both these parts have an influence on integration in society and seem to play an important role in starting and continuing a physical activity. Access and a tradition of physical activity can be of crucial importance (Schüle, 1996). Norling (1991) showed the strong position of leisure and recreational issues within handicap organizations. This is supported by the two categories of experiencing nature and having a good time, found in the present study. At the same time, Kozub and Poretta (1997, 1998) revealed that sports leaders lack formal education within the area, which limits the offering of physical activities for children and adolescents with disabilities. By tradition, the sports movement relinquishes responsibility for persons with disabilities to sport for disabled people, which in itself has a restricting effect. The ambition in Sweden is, however, for the central organization of sport for disabled people to close down its sporting activities (Östnäs, 1997). Furthermore, Östnäs (1997) also found aspects of learning regarding well-being and social support through interviews with persons with disabilities active within wheelchair tennis and wheelchair rugby. This supports the conceptions of achieving concrete knowledge and gaining experience-based knowledge. Other studies (Kristén et al., 2000; Shifflett et al., 1994) have also shown that, among other staff working with health issues for persons with functional disabilities, for example within health care, physical activity is not regarded as an asset

in work with persons with functional disabilities. Despite the knowledge available regarding the importance of physical activity for well-being and social support, medical and pedagogical interventions are often separated, and the holistic point of view is lost. When sport is used as a means of achieving social support and well-being (Schüle, 1996; Söder, 1995), the belief in oneself and the ability to assert oneself increase. This is in line with the category of becoming someone, which oscillates between gaining increased self-confidence and being accepted in the group. Physical activity used in the right way has been shown to give many advantages to persons both with and without functional impairments (Kristén et al., 1999; Sherrill, 1998).

Conclusion and implications

The aim of this qualitative study was to describe conceptions of children and adolescents with physical disabilities about their participation in a sports programme. The strategic selection of informants gave a heterogeneous group of children and adolescents suffering from a range of different disabilities. This allowed a comprehensive and broad view to be taken of physical activity and sports. Six categories emerged: getting new friends, learning, strengthening one's physique, becoming someone, experiencing nature, and having a good time. This represents an important knowledge bank, which can be utilized to design sporting activities for children and adolescents with intellectual and functional disabilities and can be seen as one of many arenas for social integration. At the same time, the results highlight the importance of an intervention programme, where actors from different sections of society, such as the health care, clubs and associations, the handicap organizations and the university cooperate from a holistic point of view. A form of learning should be supported, based on children's and adolescents' perspectives, with deepened insights into the importance of a certain activity for the target group, for example, in terms of well-being and social support. Further, the learning should also be based on the perspective of institutions, clubs, associations and so forth. that organize activities for the target group, with insights into the importance of education and social integration. Within both habilitation, rehabilitation, and leisure and sporting activities, such cooperation, education and activities could become a support as well as aid the development of children and adolescents with functional impairments. Even if the results of the investigation cannot be generalized, they provide the information that physical activity involves many positive factors for children and adolescents with functional disabilities both at the individual and the societal levels. It would be of value to study the conceptions of parents of functionally disabled children and adolescents regarding their children's possibilities of participating in a sports programme. Another area for future studies is the health effects of sports participation on children and adolescents with functional disabilities, focusing on an evaluation of the health consequences of a specific sport activity on children and adolescents with functional disabilities.

References

- Alexandersson, M. (1994) 'Den fenomenografiska forskningsansatsens fokus' (Focus of the Phenomenographic Research Approach), in B. Starrin and G. Svensson (eds) *Kvalitativ metod och vetenskapsteori* (The Qualitative Method and Theory of Science), pp. 111–36. Lund: Studentlitteratur.
- Arhammar-Tjernström, K. (2000) 'Rolig rörelse nödvändig för barn med rörelsehinder' (Enjoyable Movement Essential to Functionally Disabled Children), *Svensk Idrottsforskning* 3: 10–13.
- Berg, K.-K. (1995) 'Normative Developmental Behaviour with Implications for Health and Health Promotion among Adolescents: A Swedish Cross-Sectional Survey', *Acta Paediatr Scand* 84: 278–88.
- Blum, R. (1998) 'Young People with Disabilities', in Y. Wang and L. Köhler (eds) *Protection and Promotion of Children's Health*, pp. 211–19. Göteborg: Nordic School of Public Health.
- Bouchard, C., Shepard, R. and Stephens, T. (1993) *Exercise, Fitness and Health*. Champaign, IL: Human Kinetics.
- Brown, M. and Gordon, W.A. (1987) 'Impact of Impairment on Activity Patterns of Children', *American Academy of Physical Medicine and Rehabilitation* 68: 828–32.
- Burton, A.L. and Davis, W.E. (1992) 'Optimizing the Involvement and Performance of Children with Physical Impairments in Movement Activities', *Pediatric Exercise Science* 4: 236–48.
- Coppenolle, H.V., Vanlandewijck, Y., Van de Vliet, P. and Simons, J. (1996) *Proceedings of the Second European Conference on Adapted Physical Activity and Sports: Health, Well-Being and Employment*. Leuven: Acco.
- DePauw, K.D. (1997) 'The (In)visibility of Disability: Cultural Contexts and "Sporting Bodies"', *Quest* 49(4): 416–30.
- Doverborg, E. and Pramling, I. (1995) *Att förstå barns tankar* (Understanding Children's Thoughts) (revised edn). Eskilstuna: Tunatryck AB.
- Fenning, P., Parraga, M., Bhojwani, V., Meyer, A., Molitor, M., Malloy, M., Labiak, L., Taube, I. and Mulcrone, F.J. (2000) 'Evaluation of an Integrated Disability Basketball Event for Adolescents: Sportmanship and Learning', *Adapted Physical Activity Quarterly* 17(2): 237–52.
- Fridlund, B. and Hildingh, H. (2000) *Qualitative Research Methods in the Service of Health*. Lund: Studentlitteratur.
- Fridlund, B., Eriksson, B., Isacson, C., Lif, H., Svensson, B. and Wannestig, L.-B. (1994) 'Health Benefits from a Layman Intervention in the Primary Health Care', *Patient Education and Counseling* 24: 149–56.
- Green, F.P. and DeCoux, V. (1994) 'A Procedure for Evaluating the Effectiveness of a Community Recreation Integration Program', *Therapeutic Recreation Journal* 28(1): 41–7.
- Herbert, B. and Bressan, E. (1995) 'The Value of Sport and Physical Activity Programmes for Children with Physical Disabilities', in E.H. Katzenellenbogen (ed.) *Proceedings of 7th International Rainbow Week Symposium Stellenbosch*, pp. 155–63. Stellenbosch: University of Stellenbosch.
- Howard, L. (1996) 'A Comparison of Leisure-Time Activities between Able-Bodied Children and Children with Physical Disabilities', *British Journal of Occupational Therapy* 59(12): 570–4.
- Janson, U. (1995) 'Familjen som resurs för barn med funktionshinder' (The Family as Resource for Disabled Children), *Socialmedicinsk Tidskrift* 8: 325–31.
- Keegan, L. and Keegan, G.T. (1992) 'A Concept of Holistic Ethics for the Health Professional', *Journal of Holistic Nursing* 10: 205–17.

- Kozub, F.M. and Poretta, D.L. (1997) 'Cutting Athletes from Sport Teams: An Issue of "Ability" and "Disability"', *Future Focus* 17(2): 10–13.
- Kozub, F.M. and Poretta, D.L. (1998) 'Interscholastic Coaches' Attitudes toward Integration of Adolescents with Disabilities', *Adapted Physical Activity Quarterly* 15(4): 328–44.
- Kristén, L., Fridlund, B. and Patriksson, G. (1999) 'Sport als Rehabilitation im gesundheitsorientierten Hallands-Modell: Soziale Unterstützung für körperbehinderte Kinder und ihre Familien', *Gesundheitssport und Sporttherapie* 15(2): 51–5.
- Kristén, L., Johansson, H. and Fridlund, B. (2000) 'Kinder und Jugendliche mit Körperbehinderungen: Eine Literaturübersicht zur Rolle des Sports, der sozialen Unterstützung und des Wohlbefindens', *Gesundheitssport und Sporttherapie* 16(6): 200–8.
- Krokmark, T. (1987) *Fenomenografisk didaktik* (Phenomenographic Didactics), doctoral thesis, Göteborg University.
- Kvale, S. (1997) *Den kvalitativa forskningsintervjun* (The Qualitative Research Interview). Lund: Studentlitteratur.
- Larsson, S. (1986) *Kvalitativ analys av exempel fenomenografi* (Qualitative Analysis of the Example of Phenomenography). Lund: Studentlitteratur.
- Longmuir, P.E. and Oded, B.O. (2000) 'Factors Influencing the Physical Activity Levels of Youths with Physical and Sensory Disabilities', *Adapted Physical Activity Quarterly* 17(1): 40–53.
- Maddy, B.J. (1988) 'Close Encounters: Promoting Social Independence in Adolescents with Physical Disabilities', *Therapeutic Recreation Journal* 4: 49–55.
- Marton, F. (1981) 'Phenomenography: Describing Conceptions of the World around us', *Instructional Science* 10: 177–200.
- Marton, F. (1993) 'Phenomenography', in T. Husén and T.N. Postlethwaite (eds) *The International Encyclopedia of Education* (revised edn), pp. 4424–9. Oxford: Pergamon Press.
- Marton, F. and Booth, S. (1997) *Learning and Awareness*. Mahwah, NJ: Lawrence Erlbaum.
- Marton, F. and Svensson, L. (1978) *Att studera omvärldsuppfattning: Två bidrag till metodologin* (Studying Conceptions of the Surrounding World: Two Contributions to the Methodology). Report 158, Göteborg: Göteborg University.
- Morisbak, I. and Jørgensen, P.E. (1995) *Proceedings of the 10th International Symposium on Adapted Physical Activity*. Oslo: HamTrykk A/S.
- National Institute of Public Health (1997) *Vårt behov av rörelse* (Our Need for Movement). Stockholm: Förlagshuset Gothia.
- Ninot, G., Bilard, J., Delignières, D. and Sokolowski, M. (2000) 'Effects of Integrated Sport Participation on Perceived Competence for Adolescents with Mental Retardation', *Adapted Physical Activity Quarterly* 17(2): 208–21.
- Nixon, H.L. (1988) 'Integration of Disabled People in Mainstream Sports: Case Study of a Partially Sighted Child', *Adapted Physical Activity Quarterly* 6: 17–31.
- Norling, I. (1991) *Fritid, rekreation och välbefinnande för föräldrar med handikappade barn* (Leisure, Recreation and Well Being of Parents with Disabled Children). Stockholm: RBU.
- Norling, I., Bender, M. and Schleien, S. (1993) *Fritid och rekreation för utvecklingstörda* (Leisure and Recreation for the Disabled). Stockholm: Riksförbundet FUB.
- Östnäs, A. (1997) *Handikappidrott, mellan tävling och rehabilitering* (Sports for the Disabled, between Competition and Rehabilitation) (licentiate thesis). Lund: University of Lund.
- Patel, R. and Tebelius, U. (1987) *Grundbok i forskningsmetodik* (Manual of Research Methodology). Lund: Studentlitteratur.
- Sarvimäki, A. and Stenbock-Hult, B. (1993) *Vård-ett uttryck för omsorg* (Caring: An Introduction to Health Care from a Humanistic Perspective). Stockholm: Almqvist & Wiksell.
- Schüle, K. (1996) 'Behindertensport: Wege der Therapie, Animation und Emanzipation', in E. Zwierlein (ed.) *Handbuch Integration und Ausgrenzung*, pp. 257–67. Neuweid, Kriftel, Berlin: Luchterhand Verlag.

- Sherrill, C. (1990) 'Social and Psychological Dimensions of Sports for Disabled Athletes', in C. Sherrill (ed.) *Sport and Disabled Athletes*, pp. 21–33. Champaign, IL: Human Kinetics.
- Sherrill, C. (1998) *Adapted Physical Activity, Recreation and Sport: Crossdisciplinary and Lifespan* (revised edn). Dubuque, IA: WCB/McGraw-Hill.
- Sherrill, C. and Williams, T. (1996) 'Disability and Sport: Psychosocial Perspectives on Inclusion, Integration, and Participation', *Sport Science Review* 5(1): 42–64.
- Shifflett, B., Cator, C. and Megginson, N. (1994) 'Active Lifestyle Adherence among Individuals With and Without Disabilities', *Adapted Physical Activity Quarterly* 11(4): 359–67.
- Söder, M. (1995) 'Empowerment, Rehabilitation or Freakshow?', in I. Morisbak and P.E. Jørgensen (eds) *Proceedings of ISAPA 95, 10th International Symposium on Adapted Physical Activity*, pp. 46–59. Oslo: HamTrykk A/S.
- Stockfelt, T. (1985) *Existentiell idrott* (Existential Sport). Solna: GTS HB Förlag.
- Swedish Sports Confederation (1995) *Idrotten vill* (The Objectives of Sports). Stockholm: Riksidrottsförbundet.
- Taub, D.E. and Greer, K.R. (2000) 'Physical Activity as a Normalizing Experience for School-Age Children with Physical Disabilities', *Journal of Sport and Social Issues* 24(4): 395–414.
- Trost, J. (1997) *Kvalitativa intervjuer* (Qualitative Interviews). Lund: Studentlitteratur.
- US Department of Health and Human Services (1996) *Physical Activity and Health: A Report from the Surgeon General*. Atlanta, GA: US Department of Health and Human Services, Centre for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.
- Wheeler, G.D., Steadward, R.D., Legg, D., Hutzler, Y., Campbell, E. and Johnson, A. (1999) 'Personal Investment in Disability Sport Careers: An International Study', *Adapted Physical Activity Quarterly* 16(3): 219–37.

Résumé

La participation d'enfants et d'adolescents handicapés physiques à des programmes sportifs: étude de leurs conceptions

Le sport et le loisir peuvent être d'une grande importance pour le bien être et l'insertion sociale d'enfants et d'adolescents handicapés physiques. Cependant, il a été établi que l'organisation sportive répond quelquefois à une construction sociale dans la mesure où les personnes valides sont favorisées au détriment d'autres. Le but de cette recherche était, par conséquent, de décrire les conceptions d'enfants et d'adolescents handicapés physiques, relatives à leur participation à des programmes sportifs. 20 enfants et d'adolescents ont été interrogés; les questions étaient basées sur une vision holistique de l'homme. La méthode d'analyse était inspirée de la phénoménographie. Six catégories ont émergé: Se faire de nouveaux amis, Apprendre, Renforcer son physique, Devenir quelqu'un, Vivre une expérience naturelle, Avoir un passe-temps. Ces résultats mettent en évidence une grande diversité de conceptions qui démontre la difficulté de répartir les personnes en groupes et de délimiter des domaines sociaux larges. Ils soulignent l'importance de programmes au sein desquels les acteurs de différentes catégories sociales puissent coopérer. Même si ces résultats ne peuvent être généralisés, ils indiquent que l'activité physique implique de nombreux facteurs positifs à la fois aux plans individuel et social.

Zusammenfassung

Die Vorstellungen von Kindern und Jugendlichen mit Körperbehinderungen über die Teilnahme an Sportprogrammen

Sport und Freizeit können von signifikanter Bedeutung für das Wohlbefinden und die soziale Anerkennung von Kindern und Erwachsenen mit körperlichen Behinderungen sein. Trotzdem ist festgestellt worden, dass organisierter Sport manchmal sozial so konstruiert ist, dass er Menschen ohne Behinderungen auf Kosten anderer Menschen begünstigt. Ziel dieser Studie war es deshalb, Vorstellungen von Kindern und Jugendlichen mit Körperbehinderungen von ihrer Teilnahme an Sportprogrammen zu beschreiben. 20 Kinder und Jugendliche wurden anhand von Fragen, die auf einer ganzheitlichen Sicht des Menschen basierten, interviewt. Die angewandte Analyseverfahren war an die Phänomenographie angelehnt. Sechs Kategorien traten auf: Neue Freunde kennenlernen, Lernen, Verbesserung der körperlichen Fitness, Selbstwertgefühl, Naturerlebnis und Spaß haben. Die Ergebnisse zeigen die großen Unterschiede in der Teilnahme am Sport auf. Weiterhin spiegeln die Vorstellungen die Schwierigkeit wieder, Menschen in verschiedene Gruppen einzuteilen und wichtige Bereiche abzugrenzen. Die Ergebnisse stellen die Bedeutung von Programmen heraus, in denen Teilnehmer aus verschiedenen sozialen Bereichen kooperieren. Auch wenn die Ergebnisse nicht generalisierbar sind, so demonstrieren sie dennoch, dass körperliche Aktivität viele positive Faktoren, sowohl auf der individuellen als auch auf der gesellschaftlichen Ebene, mit sich bringt.

Resumen

Las nociones de niños y adolescentes con deficiencias físicas relacionados con su participación en programas deportivos

Deporte y tiempo libre constituyen hechos de enorme trascendencia para el bienestar y el apoyo social a los niños y adolescentes con discapacidad física. En todo caso, se ha demostrado que el deporte organizado, en ocasiones, se apoya en una estructura social que favorece a los que no padecen discapacidades respecto de los que las padecen. Por tanto, el objetivo de este estudio fue descubrir las ideas de los niños y de los adolescentes con discapacidades físicas relacionados con su participación en programas deportivos. A través de una serie de cuestiones basadas en una concepción holística del ser humano, se entrevistaron a 20 niños y adolescentes. El método de análisis utilizado se inspiró en el método fenomenográfico. Surgieron seis categorías: Hacer nuevas amistades; Aprender; Fortalecerse físicamente; Llegar a ser alguien; Vivir la naturaleza, y Pasar un tiempo agradable. Los hallazgos muestran la existencia de una gran diversidad en la participación deportiva. Más allá, las nociones de los niños y de los adolescentes reflejan la dificultad a la hora de dividir a la gente en grupos y de delimitar áreas importantes. Los resultados subrayan la importancia de los programas en los que cooperan los actores representativos de los diferentes sectores sociales. No obstante, e incluso en el caso de que los resultados no pudieran generalizarse, demuestran que la actividad física encierra muchos factores positivos tanto en el plano individual como en el colectivo.

Lars Kristén is a researcher and lecturer at the School of Social and Health Sciences, Halmstad University, Sweden. He is also a doctoral candidate at the Department of Education and Teaching Methods for Natural and Social Sciences, Centre for Research in Teaching and Learning, Luleå University of Technology, Sweden. He heads a research project focused on physically disabled children and youth in sport. His research interest concerns benefits of sports in disabled children and youth related to interventional sports programme, social support and well-being.

Göran Patriksson is Professor of Pedagogy at the Department of Education and Educational Research, Göteborg University, Sweden. He also holds part-time professorships in Sport Pedagogy at the Norwegian University of Sport and Physical Education, Oslo, Norway and in Sport Science at Karlstad University, Sweden. Dr Patriksson is Fellow of the European College of Sport Science and is President of the Swedish Association for Social Science of Sport. His research interests include youth sports questions, retirement from elite sport, socialization theory and comparative sport pedagogy.

Bengt Fridlund is a professor and a senior lecturer and research leader at the School of Social and Health Sciences, Halmstad University, Sweden. He is also an associate professor in the Departments of Nursing Science, Kuopio University, Finland and Primary Health Care, Göteborg University, Sweden. His research interest concerns social network and support as well as coping modes and behavioural modifications related to health promotion and disease prevention programmes.

Correspondence address: Lars Kristén, School of Social and Health Sciences, Halmstad University, PO Box 823, 301 18 Halmstad, Sweden. [email: Lars.Kristen@hos.hh.se]
